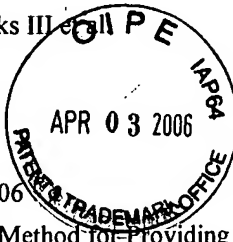


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                   |  |                        |                         |
|-------------------|--|------------------------|-------------------------|
| Applicant:        | John A. Hicks III  | Examiner:              | Addy, Anthony S.        |
| Serial No.:       | 10/614,751   | Group Art Unit:        | 2681                    |
| Filed:            | July 7, 2003   | Docket:                | 60027.0181USU3/BS030002 |
| Confirmation No.: | 6150   | Notice of Allow. Date: | n/a                     |
| Due Date:         | April 17, 2006   |                        |                         |
| Title:            | System and Method for Providing a Single Telephone Number for Use with a Plurality of Telephone Handsets |                        |                         |



**CERTIFICATE UNDER 37 CFR 1.8:**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on March 29, 2006.

By:   
Name: Merri D. Brami

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**39262**  
PATENT TRADEMARK OFFICE

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Request For Continued Examination and fee of \$790.00
- ☒ Charge Deposit Account No. 13-2725 in the amount of \$790.00 for the RCE Fee
- ☒ Amendment
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Charge Deposit Account No. 13-2725 in the amount of \$600.00 for Additional Claims Fees
- ☒ Request for Extension of Time for Three (3) month(s) and fee of \$1,020.00
- ☒ Charge Deposit Account No. 13-2725 in the amount of \$1,020.00 for the Extension of Time Fee
- ☒ Return postcard

**CLAIMS AS AMENDED**

| Claims Remaining After Amendment |   | Highest Number Previously Paid For |   | Present Extra |   | Rate  |   | Fee      |
|----------------------------------|---|------------------------------------|---|---------------|---|-------|---|----------|
| Total Claims                     |   |                                    |   |               |   |       |   |          |
| 40                               | - | 28                                 | = | 12            | x | 50.00 | = | \$600.00 |
| Independent Claims               |   |                                    |   |               |   |       |   |          |
| 4                                | - | 4                                  | = | 0             | x | 0.00  | = | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE     |   |                                    |   |               |   |       |   | \$0.00   |
| TOTAL FILING FEE                 |   |                                    |   |               |   |       |   | \$600.00 |

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

Merchant & Gould LLC  
P.O. Box 2903  
Minneapolis, MN 55402-0903  
404.954.5100

By:   
Name: D. Kent Stier  
Reg. No.: 50,640  
DKS:mdb